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## \*BIBDATASHEET\*

Bib Data Sheet

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<p>APPLICANTS</p> <p>Scott C. Casebolt, St. Paul Park, MN;</p> <p>Wayne L. Olson, Central Point, OR;</p> <p>** CONTINUING DATA ***** <i>none</i></p> <p>** FOREIGN APPLICATIONS ***** <i>none</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/12/2004</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td rowspan="2">STATE OR COUNTRY MN</td> <td rowspan="2">SHEETS DRAWING 7</td> <td rowspan="2">TOTAL CLAIMS 24</td> <td rowspan="2">INDEPENDENT CLAIMS 5</td> </tr> <tr> <td>Verified and Acknowledged</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance</td> </tr> <tr> <td colspan="2">Examiner's Signature <i>[Signature]</i></td> <td colspan="4">Initials</td> </tr> </table> <p>ADDRESS IPLM Group, P.A. Post Office Box 18455 Minneapolis, MN 55418</p> <p>TITLE Safety device</p> <table border="1"> <tr> <td rowspan="6">FILING FEE  RECEIVED 1144</td> <td rowspan="6">FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</td> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit _____</td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5	Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	Examiner's Signature <i>[Signature]</i>		Initials				FILING FEE  RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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